

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90498 002 \*\*\*150.00

**54039849**



02262004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 316107</b>					
1. Entity Name <b>MASON DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>5105 N.W. 159 ST HIALEAH, FL 33014</b>			Mailing Address <b>9990 SW 77 AVE, STE 330 MIAMI, FL 33156-2699</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
4. FEI Number <b>59-1260850</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARGOLIS, JOHN A 9990 SW 77 AVE, ST 330 MIAMI, FL 33156-2699</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, CARLOS J.</b>			NAME	<b>Rodriguez, Carlos</b>
STREET ADDRESS	<b>7015 GLENEAGLE DRIVE</b>			STREET ADDRESS	<b>5105 N.E. 159th Street</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL</b>			CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, JUANA</b>			NAME	<b>Rodriguez, Juana D.</b>
STREET ADDRESS	<b>7015 GLENEAGLE DRIVE</b>			STREET ADDRESS	<b>5105 NW 159th Street</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL</b>			CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
TITLE	<b>DP</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, SONIA C</b>			NAME	<b>Rodriguez, Michelle</b>
STREET ADDRESS	<b>5105 NORTHWEST 159TH STREET</b>			STREET ADDRESS	<b>5105 NW 159th Street</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33014</b>			CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEREZ, OFELIA</b>			NAME	<b>Rodriguez, Christine</b>
STREET ADDRESS	<b>1505 NORTHWEST 159TH STREET</b>			STREET ADDRESS	<b>5105 NW 159th Street</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33014</b>			CITY-ST-ZIP	<b>Hialeah, FL 33014</b>
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	<b>PEREZ, OFELIA</b>			NAME	
STREET ADDRESS	<b>1505 NORTHWEST 159TH STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH, FL 33014</b>			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				Date: <b>APR 19/04</b> 305 624 5557	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	